Application for external accreditation

ANNUAL ASSESSMENT

Provider:

Office address:

Tel:

Contact:

Title:

Type of training provided:

Annual assessment fee: £150.00 + VAT (£25 + VAT for charities, no):

I agree to use the 'APIL Training' accredited wording in accordance with the guidelines included within this application form.

Training provider:

Signed:

Name (caps):

Position:

Date:

APIL administration:

Approved:

Name (caps):

Position:

Date:

Please make your cheques payable to APIL and send to:
APIL, 3 Alder Court, Rennie Hogg Road, Nottingham, NG2 1RX.
Tel: 0115 943 5400